

PEDICULOSIS, CHIROPRACTICALLY SPEAKING

The ranks of chiropractic are torn with dissension. There are two camps, the Big-endians and the Little-endians, or, more descriptively, the strict constructionists and the liberal constructionists, the literalists and the latitudinarians. The strict constructionists are the 100 per cent boys. To them, pathology and therapeutics begin and end in chiropractic. All human ailments, from soft corns to hardening of the liver, are due to subluxated vertebrae impinging on nerves, and the cure of all these ailments lies in the "adjustment" of these subluxations. Those in the latitudinarian camp, on the other hand, take a more rational, if less orthodox view, of both pathology and treatment. They admit that there are certain pathologic states that are not explainable on the chiropractic theory, and that there are certain conditions that may be more efficiently treated by methods other than the "chiropractic thrust." The amount of feeling exhibited by the opposing camps is characterized by more heat than light. The chief and most valiant exponent of the orthodox school of chiropractic is B. J. Palmer of Davenport, who is familiarly dubbed by his disciples "B. J." This individual is the son of D. D. Palmer, who founded the "Palmer School of Magnetic Healing," which, as the "magnetic healing" game became passe, evolved into the "Palmer School of Chiropractic." A year or so ago, the Palmer School of Chiropractic at Davenport brought suit against the city of Edmonton, an Edmonton physician and the College of Physicians and Surgeons of the Province of Alberta asking \$20,000 damages for matter that had been published that the Palmer concern considered libelous. It may be said, in passing, that the Davenport institution did not get a verdict but had to pay its own costs. The star witness for the chiropractors was B. J. Palmer, the redoubtable "B. J." Palmer's testimony under oath in this case makes very funny reading, or it would be funny if one could forget that chiropractic is a menace to the public health. One of the questions asked Palmer was relative to the chiropractic treatment for lice. Palmer oracularly answered:

"The Chiropractic Philosophy constantly imbues the same fundamental thought that all external or internal germs, or other scavengers, are scavengers strictly in the sense that they live upon body waste and dead matters; the purpose of the Chiropractic adjustment being to make normal tissue that there would be no waste matter upon which any kind of scavenger could live either inside or outside of the body."

Then followed these questions put by the attorney for the city of Edmonton, and the answers made by B. J. Palmer:

"Question—And what particular vertebra did you teach them to adjust for lice on the head, if any?"

"Answer—The adjustment for any scavenger would depend entirely upon where that scavenger was.

"Q.—Well, take scavengers such as lice on the head; what vertebra would you adjust for those?"

"A.—In the cervical region.

"Q.—And suppose you had body lice in the groin, what vertebra would you adjust for those?"

"A.—In the lumbar region.

"Q.—Any particular vertebra?"

"A.—It would depend entirely upon the particular one subluxated. It might fluctuate in different individuals.

"Q.—What fluctuations would there be there?"

"A.—From the second to the fifth, inclusive; it could be any one."

Comment on this would be painting the lily and gilding refined gold.—*Jour. A. M. A.*, May 26, 1923.

NEW MEMBERS

Manteca—Olin H. Garrison.
Stockton—John F. Blinn.
Lodi—John J. Seible.

DEATHS

Lustig, Daniel D. Died at San Francisco, June 27, 1923, age 61. Graduate of the University of California Medical School, 1885. Licensed in California in 1885. He was a member of the San Francisco County Medical Society, the California Medical Association, and the American Medical Association.

Serviss, T. Wilson. Died at San Francisco, June 28, 1923, age 66. Graduate of McGill University Faculty of Medicine, Montreal, 1881. He was formerly a member of the San Francisco County Medical Society, the California Medical Association and the American Medical Association.

Temple, Jackson. Died at Santa Rosa, June 22, 1923, age 44. Graduate of the University of California Medical School, 1906. Licensed in California in 1906. He was a member of the Sonoma County Medical Society, the California Medical Association and the American Medical Association.

The Vaginal Pessary—The two most important indications for the use of the vaginal pessary, according to Emil Novak, Baltimore (*Jour. A. M. A.*, May 5, 1923), are prolapse and retrodisplacement of the uterus, in certain cases only and under certain conditions only. Retroversions offer a far more hopeful field than the backward flexions. With the latter, the fundus is apt to be large and heavy, so that it falls backward over the posterior arm of the pessary. Puerperal retrodisplacements furnish one of the most frequent and most important indications for the employment of the pessary. In a large proportion of the cases, the wearing of the pessary for a short time, usually only a few weeks, is all that is necessary, and there is no tendency to a recurrence of the retrodisplacement. Retrodisplacement or prolapse with pregnancy is also a most important indication for the use of the pessary. In case of prolapse in old women, the indication is particularly strong when there is extensive ulceration of the everted and thickened mucosa covering the cervix or vagina, so that the danger of malignancy becomes a real one. The type of pessary best suited for complete prolapse is unquestionably some form of ring pessary, made of hard rubber. A rather large ring is usually necessary, although the size must, of course, be adapted to the individual case. In many cases in which, on purely physical grounds, operation is indicated clearly enough, but in which the patient simply cannot or will not submit to radical measures, the pessary may be worn as a temporary measure until the necessary operative procedure can be carried out. As a test to determine the pathologic importance of retrodisplacements, the pessary is often an aid. There are three chief contraindications to the employment of pessaries in the treatment of retrodisplacements: (1) the inability to replace the uterus to at least approximately its normal position before inserting the pessary; (2) the existence of a marked degree of perineal relaxation, and (3) the existence of chronic pelvic inflammatory disease.